


# EXHIBIT C

FORM B10 (Official Form 10) (10/05)

|   |   |  |
|---|---|--|
| <b>UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA (LAS VEGAS)</b>  |   | <b>PROOF OF CLAIM</b>  |
| Name of Debtor<br>USA Commercial Mortgage Company   | Case Number<br><b>06-10725--LBR</b>   |  |
| NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.  |   |  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><br>Steven B. Tomac and Laura J. Tomac   | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. |  |
| Name and address where notices should be sent<br>c/o Scott D. Fleming Esq<br>Hale Lane Peek Dennison and Howard<br>3930 Howard Hughes Parkway 4th Floor<br>Las Vegas Nevada 89169   |   | THIS SPACE IS FOR COURT USE ONLY   |
| Telephone number 702 222 2500   |   |  |
| Last four digits of account or other number by which creditor identifies debtor: Account ID 3017  | Check here <input type="checkbox"/> replaces a previously filed claim dated _____<br>if this claim <input type="checkbox"/> amends  |  |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensations (fill out below)<br>Last four digits of SS #: _____<br>Unpaid compensations for services performed from _____ to _____ (date) (date)  |   |  |
| <b>2 Date debt was incurred</b> See Attachment A  |   | <b>3 If court judgment, date obtained</b>  |
| <b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.<br><b>Unsecured Nonpriority Claim</b> \$ <u>Unknown (see Attachment A)</u><br>a) Check this box if a) there is no collateral or lien securing your claim or b) Your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.<br><b>Unsecured Priority Claim</b><br>_____ Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier — 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(5)<br><b>Secured Claim</b><br><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ _____<br>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____<br><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units — 11 U.S.C. § 507(a)(8)<br>*Amounts are subject to adjustment of 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |   |  |
| <b>5 Total Amount of Claim at Time Case Filed</b><br>\$ <u>Unknown</u> (unsecured) (secured) (priority) \$ <u>Unknown</u> (Total)<br><input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |   |  |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.<br><b>7 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.<br><b>8 Date-Stamped Copy</b> To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |   | THIS SPACE IS FOR COURT USE ONLY<br><br><b>FILED</b><br><b>NOV 09 2006</b><br><br>USA CMC<br><br>1072501234 |
| Date: November 9, 2006<br>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):<br>/s/ Scott D. Fleming Esq  |   |  |

| PROOF OF CLAIM  |   |
|---|---|
| <b>Name of Debtor</b><br><u>USA Commercial Mortgage Company</u>   | <b>Case Number</b><br><u>06-10725-LBR</u>   |
| <b>NOTE</b> See Reverse for List of Debtors and Case Numbers<br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |   |
| <b>Name of Creditor and Address</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">             11321241008421           </div><br>DONALD S TOMLIN AND DOROTHY R TOMLIN<br>TRUSTEE OF THE DONALD S TOMLIN<br>7145 BEVERLY GLEN AVE<br>LAS VEGAS NV 89110-4228  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.<br><br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.   |
| <b>Creditor Telephone Number</b> <u>( ) 702-453-6079</u><br><b>Last four digits of account or other number by which creditor identifies debtor</b><br><u>1217</u>   |   |
| <div style="display: flex; justify-content: space-between;"> <div> <b>1 BASIS FOR CLAIM</b><br/> <input type="checkbox"/> Goods sold<br/> <input type="checkbox"/> Services performed<br/> <input checked="" type="checkbox"/> Money loaned           </div> <div> <input type="checkbox"/> Personal injury/wrongful death<br/> <input type="checkbox"/> Taxes<br/> <input type="checkbox"/> Other (describe briefly) _____           </div> <div> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br/> <input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br/>             Last four digits of your SS #: <u>1217</u><br/>             Unpaid compensation for services performed from _____ to _____ (date) (date)           </div> <div> <input type="checkbox"/> Unremitted principal<br/> <input type="checkbox"/> Other claims against servicer (not for loan balances)           </div> </div>  |   |
| <b>2 DATE DEBT WAS INCURRED</b> <u>various dates</u>  |   |
| <b>3 IF COURT JUDGMENT, DATE OBTAINED</b> _____   |   |
| <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.  |   |
| <b>UNSECURED NONPRIORITY CLAIM</b> <u>\$2,779,806</u> <u>plus interest</u><br><input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority. <u>(See attached description)</u>   | <b>SECURED CLAIM</b> <u>(See attached description of claim)</u><br><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral:<br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ _____<br>Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any \$ _____  |
| <b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)  | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____)<br><small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small> |
| <b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b><br><div style="display: flex; justify-content: space-between;"> <div> <u>\$2,779,806</u><br/>             (unsecured)           </div> <div>             (secured)           </div> <div>             (priority)           </div> <div> <u>\$2,779,806</u><br/>             (Total)           </div> </div>   |   |
| <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |   |
| <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <u>(See attached)</u>   |   |
| <b>7 SUPPORTING DOCUMENTS</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |   |
| <b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  |   |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).</p> <p><b>BY MAIL TO</b><br/>             BMC Group<br/>             Attn: USACM Claims Docketing Center<br/>             P.O. Box 911<br/>             El Segundo, CA 90245-0911</p> <p><b>BY HAND OR OVERNIGHT DELIVERY TO</b><br/>             BMC Group<br/>             Attn: USACM Claims Docketing Center<br/>             1330 East Franklin Avenue<br/>             El Segundo, CA 90245</p> </div> <div style="width: 35%; text-align: center;"> <p><b>THIS SPACE FOR COURT USE ONLY</b></p> <p style="font-size: 1.5em; font-weight: bold;">FILED NOV 10 2006</p> </div> </div> |   |
| <b>DATE</b><br><u>11/8/06</u>   | <b>SIGN</b> and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any).<br><u>Don S Tomlin Trustee</u>   |

**PROOF OF CLAIM**

Name of Debtor

U-S-A Commercial Mortgage

Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address



11321241003426

NOEMI N TUROK  
8808 RAINBOW RIDGE DR  
LAS VEGAS NV 89117-5815☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.☐ Check box if this address differs from the address on the envelope sent to you by the court.**DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS**

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

**THIS SPACE IS FOR COURT USE ONLY**

Creditor Telephone Number ( ) 702-233-6606

Last four digits of account or other number by which creditor identifies debtor

Account ID-3867

Check here if this claim ☐ replaces or amends a previously filed claim dated \_\_\_\_\_**1 BASIS FOR CLAIM**☒ Goods sold☒ Personal injury/wrongful death☒ Retiree benefits as defined in 11 U.S.C. § 1114(a)☐ Unremitted principal☒ Services performed☒ Taxes☒ Wages, salaries and compensation (fill out below)☐ Other claims against servicer (not for loan balances)☒ Money loaned☒ Other (describe briefly)

Last four digits of your SS # \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)**2 DATE DEBT WAS INCURRED** APRIL 13<sup>th</sup> 2006**3 IF COURT JUDGMENT, DATE OBTAINED****4 CLASSIFICATION OF CLAIM**

Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.

See reverse side for important explanations.

**UNSECURED NONPRIORITY CLAIM \$ \_\_\_\_\_**☐ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.**UNSECURED PRIORITY CLAIM**☒ Check this box if you have an unsecured claim all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

☒ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)☒ Wages, salaries or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)☒ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)**SECURED CLAIM**☒ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

☐ Real Estate ☐ Motor Vehicle ☐ Other \_\_\_\_\_

Value of Collateral \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ \_\_\_\_\_☐ Up to \$225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)☐ Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED** \$50-000-00 (unsecured) \$50-000-00 (secured) \$50-000-00 DEL-VALLE LIVINGSTON (Total) \$150-000-00☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.**6 CREDITS** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.**7 SUPPORTING DOCUMENTS** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.**8 DATE-STAMPED COPY.** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. SENT

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006, for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO  
BMC Group  
Attn: USACM Claims Docketing Center  
P O Box 911  
El Segundo CA 90245-0911BY HAND OR OVERNIGHT DELIVERY TO  
BMC Group  
Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo CA 90245**THIS SPACE FOR COURT USE ONLY**

FILED NOV 10 2006

**DATE** Nov 7-2006 **SIGN** and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

NAOMI Turok

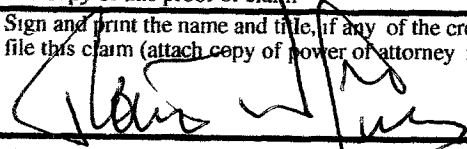

USA CMC








1072501174



TM B10 (Official Form 10) (10/05)

|  |  |   |  |                                  |
|--|--|---|--|----------------------------------|
| UNITED STATES BANKRUPTCY COURT   |  | DISTRICT OF <u>Nevada</u>   |  | PROOF OF CLAIM                   |
| Name of Debtor <b>USA Commercial Mortgage Company</b>  |  | Case Number <b>06-10725-LBR</b>   |  |                                  |
| NOT: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |  |   |  |                                  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><b>Robert W. Ulm, an unmarried man</b>  |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. |  |                                  |
| Name and address where notices should be sent<br><b>Robert W. Ulm<br/>414 Morning Glory Road<br/>St. Marys GA 31558</b>  |  | Telephone number <b>912-673-6020</b>  |  | THIS SPACE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies debtor <b>3748</b>  |  | Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____.  |  |                                  |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <b>VIOLATION OF CONTRACTUAL DUTY, STATUTORY DUTY &amp; FRAUD</b>  |  |   |  |                                  |
| <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date)  |  |   |  |                                  |
| <b>2 Date debt was incurred</b> <b>02/02/04 and subsequent</b>   |  | <b>3 If court judgment, date obtained</b>   |  |                                  |
| <b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.   |  |   |  |                                  |
| <b>Unsecured Nonpriority Claim § Unknown</b><br><input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.  |  |   |  |                                  |
| <b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br><br>Brief Description of Collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ <b>Unknown</b><br><br>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <b>Unknown</b>  |  |   |  |                                  |
| <b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br><br>Amount entitled to priority \$ _____<br><br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) |  |   |  |                                  |
| <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)<br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.   |  |   |  |                                  |
| <b>5 Total Amount of Claim at Time Case Filed</b><br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |  |   |  |                                  |
| (unsecured) (secured) (priority) (Total)<br><b>CONTINGENT UNLIQUIDATED CLAIM UNKNOWN</b>   |  |   |  |                                  |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |  |   |  | THIS SPACE IS FOR COURT USE ONLY |
| <b>7 Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.   |  |   |  |                                  |
| <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.  |  |   |  |                                  |
| Date<br><b>01/08/06</b>  |  | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any).<br>  |  |                                  |
| USA CMC<br><br>1072502089   |  |   |  |                                  |

| UNITED STATES BANKRUPTCY COURT<br>DISTRICT OF NEVADA   |  | PROOF OF CLAIM  |  |
|--|--|---|--|
| Name of Debtor<br><b>USA Commercial Mortgage Company</b>   |  | Case Number<br><b>06-10725-LBR</b>  |  |
| NOTE See Reverse for List of Debtors and Case Numbers<br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.<br><br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.   |  |
| Name of Creditor and Address<br> 11321242039399<br><b>VOGLIS MARIETTA</b><br>201 EAST 79TH STREET<br>NEW YORK NY 10021  |  | <b>IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT.</b><br><br><b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.</b><br><br>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.<br><b>THIS SPACE IS FOR COURT USE ONLY</b>   |  |
| Creditor Telephone Number <i>(212) 570 6293</i>  |  | Last four digits of account or other number by which creditor identifies debtor   |  |
| <b>1 BASIS FOR CLAIM</b><br><input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal<br><input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances)<br><input checked="" type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (describe briefly) <i>See Exhibit A</i><br>Last four digits of your SS #: _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date)   |  | <b>2 DATE DEBT WAS INCURRED</b> _____ <b>3 IF COURT JUDGMENT, DATE OBTAINED</b> _____   |  |
| <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.<br><br><b>UNSECURED NONPRIORITY CLAIM \$</b><br><input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.<br><br><b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim _____<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5) |  | <b>SECURED CLAIM</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral _____<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ <u>UNKNOWN</u><br>Amount of arrearage and other charges at time case filed included in secured claim if any \$ <u>See Exhibit A</u><br><br><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____)<br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |  |
| <b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ _____ (unsecured) \$ <u>724,292.85</u> (secured) \$ <u>724,292.85</u> (Total)<br><input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |  | <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.<br><b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.<br><b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |  |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).<br><b>BY MAIL TO:</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 911<br>El Segundo, CA 90245-0911  |  | <b>THIS SPACE FOR COURT USE ONLY</b><br><br><div style="text-align: center;"> <b>FILED JAN 12 2007</b><br/><br/> <br/>           USA CMC<br/>           1072502163         </div>  |  |
| <b>DATE</b> <u>JAN 8 2007</u>  |  | <b>SIGN</b> and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)<br><u>Marietta Voglis</u>   |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>UNITED STATES BANKRUPTCY COURT</b><br><b>DISTRICT OF REVENUE</b>   |  | <b>PROOF OF CLAIM</b>   |  | <br><b>YOUR CLAIM IS SCHEDULED AS</b><br>Schedule/Claim ID    s32786<br>Amount/Classification<br>\$57 609 45 Unsecured  |  |
| Name of Debtor<br><b>USA Commercial Mortgage Company</b>  |  | Case Number<br><b>06-10725-LBR</b>  |  |   |  |
| NOTE See Reverse for List of Debtors and Case Numbers<br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.  |  |   |  | The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.<br><br>If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.<br><br>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again.<br><br><b>THIS SPACE IS FOR COURT USE ONLY</b> |  |
| Name of Creditor and Address:<br> 11321240003582<br><b>ZAWACKI A CALIFORNIA LLC</b><br><b>PO BOX 5156</b><br><b>BEAR VALLEY, CA 95223-5156</b>   |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.<br><br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. |  |   |  |
| Creditor Telephone Number (    )<br>Last four digits of account or other number by which creditor identifies debtor<br><b>5643    5402</b>  |  | Check here <input type="checkbox"/> replaces or amends a previously filed claim dated _____.  |  |   |  |
| <b>1 BASIS FOR CLAIM</b><br><input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Services performed <input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (describe briefly) <b>ATTACHED</b><br><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date)   |  |   |  |   |  |
| <b>2 DATE DEBT WAS INCURRED</b> <b>10-1-04</b> <b>3 IF COURT JUDGMENT, DATE OBTAINED</b>  |  |   |  |   |  |
| <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.<br><b>UNSECURED NONPRIORITY CLAIM</b> \$ <b>1,500,000.00</b><br><input checked="" type="checkbox"/> Check this box if (a) there is no collateral or lien securing your claim, or (b) your claim exceeds the value of the property securing it, or if (c) none or only part of your claim is entitled to priority.<br><b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)<br><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____) |  |   |  |   |  |
| <b>SECURED CLAIM</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral:<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral    \$ <b>UNKNOWN</b><br>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <b>1,500,000.00</b><br>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.  |  |   |  |   |  |
| <b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b><br>\$ <b>1,500,000.00</b> (unsecured)    \$ <b>1,500,000.00</b> (secured)    \$ _____ (priority)    \$ <b>1,500,000.00</b> (Total)  |  |   |  |   |  |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |  |   |  |   |  |
| <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.   |  |   |  |   |  |
| <b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |  |   |  |   |  |
| <b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.   |  |   |  |   |  |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).<br>BY MAIL TO<br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 911<br>El Segundo, CA 90245-0911<br><br>BY HAND OR OVERNIGHT DELIVERY TO<br>BMC Group<br>Attn: USACM Claims Docketing Center<br>1330 East Franklin Avenue<br>El Segundo, CA 90245  |  |   |  |   | <b>THIS SPACE FOR COURT USE ONLY</b><br><br><b>FILED JAN 13 2007</b> |
| DATE<br><b>1-12-07</b>  |  | SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)<br><b>ERVEN T. NELSON</b>   |  |   |  |
| USA CMC<br><br>1072502299  |  |   |  |   |  |



FORM B10 (Official Form 10) (10/05)

|  |  |   |                                  |
|--|--|---|----------------------------------|
| UNITED STATES BANKRUPTCY COURT   |  | DISTRICT OF <u>Nevada</u>   | PROOF OF CLAIM                   |
| Name of Debtor<br><u>USA Commercial Mortgage Company</u>   |  | Case Number<br><u>06-10725-LBR</u>  |                                  |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.  |  |   |                                  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><u>ANTHONY J. ZERBO, AN UNMARRIED MAN</u>   |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.   | THIS SPACE IS FOR COURT USE ONLY |
| Name and address where notices should be sent<br><u>ANTHONY J. ZERBO</u><br><u>780 SARATOGA AVE. APT S-107</u><br><u>SAN JOSE, CA 95129</u><br>Telephone number <u>(408) 244-4662</u>  |  |   |                                  |
| Last four digits of account or other number by which creditor identifies debtor  |  | Check here if this claim <input checked="" type="checkbox"/> replaces <u>10/20/06, 10/23/06, 10/24/06, 1/02/07</u> amends a previously filed claim dated _____  |                                  |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <u>See exhibit "A"</u>  |  | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date)   |                                  |
| <b>2 Date debt was incurred</b><br><u>APRIL 2004</u>   |  | <b>3 If court judgment, date obtained</b>   |                                  |
| <b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.<br>Unsecured Nonpriority Claim \$ <u>878,855.25</u><br><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.   |  | <b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ <u>UNKNOWN</u><br>Amount of arrearage and other charges at time case filed included in secured claim if any \$ <u>12,591.48</u>  |                                  |
| <b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) |  | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)<br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |                                  |
| <b>5 Total Amount of Claim at Time Case Filed</b>  |  | <u>\$878,855.25</u> (unsecured) <u>878,855.25</u> (secured) <u>878,855.25</u> (priority) <u>878,855.25</u> (Total)  |                                  |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |  |   |                                  |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |  | THIS SPACE IS FOR COURT USE ONLY  |                                  |
| <b>7 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |  |   |                                  |
| <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |  |   |                                  |
| Date<br><u>1/8/07</u>  | Sign and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)<br><u>Anthony J. Zerbo</u><br><u>ANTHONY J. ZERBO</u> |   |                                  |

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C.



FILED JAN 10 2007



**FORM B10 (Official Form 10) (10/05)**

| UNITED STATES BANKRUPTCY COURT  |                  | DISTRICT OF Nevada  |                  | PROOF OF CLAIM                   |  |                     |                  |                  |                  |             |           |            |         |
|---|------------------|---|------------------|----------------------------------|--|---------------------|------------------|------------------|------------------|-------------|-----------|------------|---------|
| Name of Debtor<br><b>USA Commercial Mortgage Company</b>  |                  | Case Number<br><b>06-10725-LBR</b>  |                  | THIS SPACE IS FOR COURT USE ONLY |  |                     |                  |                  |                  |             |           |            |         |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |                  |   |                  |                                  |  |                     |                  |                  |                  |             |           |            |         |
| Name of Creditor (The person or other entity to whom the debtor owes money or property):<br><b>Marshall R. Zerbo, a single man</b>  |                  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. |                  |                                  |  |                     |                  |                  |                  |             |           |            |         |
| Name and address where notices should be sent:<br><b>Marshall R. Zerbo<br/>250 W El Camino Real Apt # 5100<br/>Sunnyvale, CA 94087<br/>Telephone number: (408) 773-1733</b>   |                  |   |                  |                                  |  |                     |                  |                  |                  |             |           |            |         |
| Last four digits of account or other number by which creditor identifies debtor: <b>Client ID=6873 &amp; Acct ID = 6957</b>   |                  | Check here <input type="checkbox"/> if this claim replaces <input type="checkbox"/> amends a previously filed claim, dated: _____   |                  |                                  |  |                     |                  |                  |                  |             |           |            |         |
| 1. <b>Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <b>SEE EXHIBIT "A"</b>  |                  | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS #: _____<br>Unpaid compensation for services performed from _____ to _____<br>(date) (date)   |                  |                                  |  |                     |                  |                  |                  |             |           |            |         |
| 2. <b>Date debt was incurred:</b> <b>25 JULY 2005</b>   |                  | 3. <b>If court judgment, date obtained:</b>   |                  |                                  |  |                     |                  |                  |                  |             |           |            |         |
| 4. <b>Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.<br><b>Unsecured Nonpriority Claim \$ 150,629.65</b><br><input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.<br><br><b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). |                  |   |                  |                                  |  |                     |                  |                  |                  |             |           |            |         |
| <b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral:<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral: \$ <b>UNKNOWN</b><br>Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ <b>1,484.53</b><br><br><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).<br><small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>   |                  |   |                  |                                  |  |                     |                  |                  |                  |             |           |            |         |
| 5. <b>Total Amount of Claim at Time Case Filed:</b><br><table style="width: 100%; border: none;"><tr><td style="text-align: right;"><b>\$ 150629.65</b></td><td style="text-align: right;"><b>150629.65</b></td><td style="text-align: right;"><b>150629.65</b></td><td style="text-align: right;"><b>150629.65</b></td></tr><tr><td style="text-align: center;">(unsecured)</td><td style="text-align: center;">(secured)</td><td style="text-align: center;">(priority)</td><td style="text-align: center;">(Total)</td></tr></table><br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |                  |   |                  |                                  |  | <b>\$ 150629.65</b> | <b>150629.65</b> | <b>150629.65</b> | <b>150629.65</b> | (unsecured) | (secured) | (priority) | (Total) |
| <b>\$ 150629.65</b>   | <b>150629.65</b> | <b>150629.65</b>  | <b>150629.65</b> |                                  |  |                     |                  |                  |                  |             |           |            |         |
| (unsecured)   | (secured)        | (priority)  | (Total)          |                                  |  |                     |                  |                  |                  |             |           |            |         |
| 6. <b>Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.   |                  |   |                  | THIS SPACE IS FOR COURT USE ONLY |  |                     |                  |                  |                  |             |           |            |         |
| 7. <b>Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |                  |   |                  |                                  |  |                     |                  |                  |                  |             |           |            |         |
| 8. <b>Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  |                  |   |                  |                                  |  |                     |                  |                  |                  |             |           |            |         |
| Date<br><b>09 JAN 2007</b>  |                  | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)<br><div style="text-align: center; font-family: cursive; font-size: 1.2em;"><b>Marshall R. Zerbo</b></div>  |                  |                                  |  |                     |                  |                  |                  |             |           |            |         |

**Penalty for presenting fraudulent claim:** Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

POC  
Sheet 1 of 11